

Serial No. 09/980,355

PATENT  
SCP061792IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :Jean-Claude Basset  
Serial No. :09/980,355  
Int. Appl. No. PCT/FR00/01463  
Filed :May 29, 2000  
For :COMMUNICATION INSTALLATION FOR COLLECTIVE  
DATA RECEPTION

FILING OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 -  
RESPONSE TO NOTICE TO FILE MISSING REQUIREMENTS

Hon. Assistant Commissioner of Patents and Trademarks  
Washington, D.C. 20231  
Box PCT

Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371, mailed February 11, 2002, in the above-identified application, Applicant hereby submits the following:

- 1) Executed Declaration
- 2) A Petition for Acceptance of Application without Participation of Inventor with Exhibits A-F.
- 3) A surcharge of \$130.00 required under 37 CFR 1.16(e) for filing the Declaration on a date later than the filing date of the application.
- 4) A copy of Notice to File Missing Requirements Under 35 U.S.C. 371 (PCT/DO/EO/905).
- 5) A petition for Extension of Time.
- 6) A Fee Transmittal Form


Please charge any applicable charges to Deposit Account No.

07-0832.

07/29/2002 LLANDGRA 00000099 070832 09980355

02 FC:154 130.00 CH

Respectfully submitted,



Paul P. Kiel  
Attorney for Applicant  
Reg. No.40,677  
(609) 734-9650

THOMSON multimedia Licensing Inc.  
P.O. Box 5312  
Princeton, NJ 08543-5312

DATE: July 17, 2002

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket Number (Optional)  
SCP061792

In re Application of Jen-Claude Basset

Application Number 09/980,355

Filed 5/29/00

For DIGITAL TELEVISION RECEIVER/DECODER DEVICE WITH  
PLAYBACK FOR INTERACTIVE PRE-RECORDED TELEVISION  
PROGRAMME

Group Art Unit  
N/A

Examiner  
N/A

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_
- ☒ Two months (37 CFR 1.17(a)(2)) \$ 400
- ☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_
- ☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

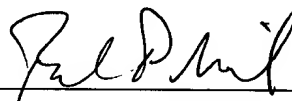
☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 40,677.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

July 17, 2001

Date



Signature

PAUL P. KIEL

Typed or printed name

07/29/2002 LLANDGSA 00000099 070832 09980355

03 FC:116

400.00 CH

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark

**FEE TRANSMITTAL  
for FY 2002**

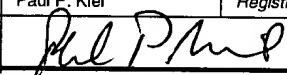
Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 660**Complete if Known**

|                      |            |                 |
|----------------------|------------|-----------------|
| Application Number   | 09/980,355 | PC:T/FR00/01463 |
| Filing Date          | 5/29/00    |                 |
| First Named Inventor | BASSET     |                 |
| Examiner Name        |            |                 |
| Group / Art Unit     |            |                 |
| Attorney Docket No.  | SCP061792  |                 |

| <b>METHOD OF PAYMENT (check one)</b>  |                       | <b>FEE CALCULATION (continued)</b>  |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
|---|-----------------------|---|-----------------|--|-----------------------|-----------------------|-----------------|----------|-----|-----|-----|----|-----|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|------|-----|------|--|-----|--------|-----|--------|--|-----|-----|-----|----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|-----|-----|----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|---|--|--|--|-----|--|--|--|--|--|---------------------|--|--|--|----------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: 07-0832<br><br>Deposit Account Name: THOMSON multimedia Licensing Inc.<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                       | <b>3. ADDITIONAL FEES</b>   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       | <table><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>130</td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>400</td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr><tr><td colspan="4">Other fee (specify) <u>Petition for acceptance of Application</u></td><td>130</td></tr><tr><td colspan="4"><b>*Reduced by Basic Filing Fee Paid</b></td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (3)</b></td><td>(\$) 660</td></tr></tbody></table> |                 | Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | 130 | 127 | 50 | 227 | 25 |  | 139 | 130 | 139 | 130 |  | 147 | 2,520 | 147 | 2,520 |  | 112 | 920* | 112 | 920* |  | 113 | 1,840* | 113 | 1,840* |  | 115 | 110 | 215 | 55 |  | 116 | 400 | 216 | 200 | 400 | 117 | 920 | 217 | 460 |  | 118 | 1,440 | 218 | 720 |  | 128 | 1,960 | 228 | 980 |  | 119 | 320 | 219 | 160 |  | 120 | 320 | 220 | 160 |  | 121 | 280 | 221 | 140 |  | 138 | 1,510 | 138 | 1,510 |  | 140 | 110 | 240 | 55 |  | 141 | 1,280 | 241 | 640 |  | 142 | 1,280 | 242 | 640 |  | 143 | 460 | 243 | 230 |  | 144 | 620 | 244 | 310 |  | 122 | 130 | 122 | 130 |  | 123 | 50 | 123 | 50 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 740 | 246 | 370 |  | 149 | 740 | 249 | 370 |  | 179 | 740 | 279 | 370 |  | 169 | 900 | 169 | 900 |  | Other fee (specify) <u>Petition for acceptance of Application</u> |  |  |  | 130 | <b>*Reduced by Basic Filing Fee Paid</b> |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  | (\$) 660 |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee (\$)   | Fee Description | Fee Paid   |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 105   | 130                   | 205   | 65              | 130  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 127   | 50                    | 227   | 25              |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 139   | 130                   | 139   | 130             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 147   | 2,520                 | 147   | 2,520           |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 112   | 920*                  | 112   | 920*            |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 113   | 1,840*                | 113   | 1,840*          |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 115   | 110                   | 215   | 55              |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 116   | 400                   | 216   | 200             | 400  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 117   | 920                   | 217   | 460             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 118   | 1,440                 | 218   | 720             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 128   | 1,960                 | 228   | 980             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 119   | 320                   | 219   | 160             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 120   | 320                   | 220   | 160             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 121   | 280                   | 221   | 140             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 138   | 1,510                 | 138   | 1,510           |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 140   | 110                   | 240   | 55              |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 141   | 1,280                 | 241   | 640             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 142   | 1,280                 | 242   | 640             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 143   | 460                   | 243   | 230             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 144   | 620                   | 244   | 310             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 122   | 130                   | 122   | 130             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 123   | 50                    | 123   | 50              |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 126   | 180                   | 126   | 180             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 581   | 40                    | 581   | 40              |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 146   | 740                   | 246   | 370             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 149   | 740                   | 249   | 370             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 179   | 740                   | 279   | 370             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 169   | 900                   | 169   | 900             |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| Other fee (specify) <u>Petition for acceptance of Application</u>   |                       |   |                 | 130  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| <b>*Reduced by Basic Filing Fee Paid</b>  |                       |   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| <b>SUBTOTAL (3)</b>   |                       |   |                 | (\$) 660   |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| <b>FEE CALCULATION</b>  |                       |   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 1. BASIC FILING FEE   |                       |   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 101   | 740                   | 201   | 370             | Utility filing fee   |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 106   | 330                   | 206   | 165             | Design filing fee  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 107   | 510                   | 207   | 255             | Plant filing fee   |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 108   | 740                   | 208   | 370             | Reissue filing fee   |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 114   | 160                   | 214   | 80              | Provisional filing fee                                     |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| <b>SUBTOTAL (1)</b>   |                       |   |                 |  | (\$) 0                |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 2. EXTRA CLAIM FEES   |                       |   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| Total Claims  | -20 **                | Extra Claims  | Fee from below  | Fee Paid   |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| Independent Claims  | -3 **                 |   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| Multiple Dependent  |                       |   |                 |  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description  |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 103   | 18                    | 203   | 9               | Claims in excess of 20                                     |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 102   | 84                    | 202   | 42              | Independent claims in excess of 3                          |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 104   | 280                   | 204   | 140             | Multiple dependent claim, if not paid                      |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 109   | 84                    | 209   | 42              | ** Reissue independent claims over original patent         |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| 110   | 18                    | 210   | 9               | ** Reissue claims in excess of 20 and over original patent |                       |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |
| <b>SUBTOTAL (2)</b>   |                       |   |                 |  | (\$) 0                |                       |                 |          |     |     |     |    |     |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |     |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |   |  |  |  |     |  |  |  |  |  |                     |  |  |  |          |

\*\*or number previously paid, if greater; For Reissues, see above

|                     |   |                                 |         |           |              |
|---------------------|---|---------------------------------|---------|-----------|--------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b> |         |           |              |
| Name (Print/Type)   | Paul P. Kiel  | Registration No. Attorney/Agent | 40,677  | Telephone | 609 734 9650 |
| Signature           |  | Date                            | 7/17/02 |           |              |

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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|--|---|---|
| U.S. APPLICATION NUMBER NO.<br>09/980,355  | FIRST NAMED APPLICANT<br>Jean-Claude Basset | ATTY. DOCKET NO.<br>SCP061792                   |
| RECEIVED<br>APR - 8 2002<br>IS&S   |   | INTERNATIONAL APPLICATION NO.<br>PCT/FR00/01463 |
| Joseph S Tripoli<br>Thomson Multimedia Licensing Inc<br>PO Box 5312<br>Princeton, NJ 08540 |   | I.A. FILING DATE<br>05/29/2000                  |
|  |   | PRIORITY DATE<br>06/02/1999                     |

CONFIRMATION NO. 1390

371 FORMALITIES LETTER



\*OC00000007733790\*

Date Mailed: 04/01/2002

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as an Elected Office (37 CFR 1.495):

- U.S. Basic National Fees
- Priority Document
- Copy of Annexes to the IPE
- Copy of IPE Report
- Copy of references cited in ISR
- Copy of the International Application
- Copy of the International Search Report
- English Translation of the IA
- Information Disclosure Statements
- Preliminary Amendments
- Request for Immediate Examination

|          |            |
|----------|------------|
| Event    | MTFC/LOSS  |
| Deadline | 01/06/02   |
| Entered  | R 09/04/02 |

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- \$130 Surcharge for providing the oath or declaration later than the appropriate 30 months months from the priority date (37 CFR 1.492(e)) is required.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTH FROM THE DATE OF THIS NOTICE OR BY 22 or 32 MONTHS (where 37 CFR 1.495 applies) FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

**SUMMARY OF FEES DUE:**

Total additional fees required for this application is **\$130** for a Large Entity:

- **\$130** Late oath or declaration Surcharge.

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

KAREN R MCLEAN

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**PART 1 - ATTORNEY/APPLICANT COPY**

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 09/980,355                  | PCT/FR00/01463                | SCP061792        |